

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Yasushi TAKAHASHI, et al.

RECEIVED

Serial No.

09/869,254

OCT 1 9 2004

Filed

Technology Center 2100

JUNE 26, 2001

For

VIDEO INFORMATION EDITING METHOD AND

EDITING DEVICE

Examiner

Vu, Thanh T.

Art Unit

2174

Confirmation No.

2265

745 Fifth Avenue New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 8, 2004

Dennis M. Smid Reg. No. 34,930

(Name of Applicant, Assignee or Registered Representative)

Sighature

October 8, 2004

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on July 8, 2004, having a three-month statutory period for response set to expire on October 8, 2004. Please amend the aboveidentified application as follows.

10/14/2004 WABDELR1 00000014 09869254

01 FC:1201

88.00 OP

-1-00223435



Amendments to the Claims are reflected in the listing of claims which begins on

page 3 of this paper.

Remarks/Arguments begin on page 21 of this paper.

-2- 00223435

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745 Fifth Avenue New York, NY 10151 Tel: 212-588-0800

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2174

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

 $\overline{\boxtimes}$ The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	46	Minus	** =64	* 0 x	\$18 (9)	= \$ 0.00
Independent claims	9	Minus	***=8	*1x	\$88 (44)	= \$ 88.00
		Total additional fee for this amendment				\$ 88.00

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- If the highest number of total claims previously paid for is less than 20, write "20" in this space.
- *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

	me menter of market and provide and pr
	This application contains a multiple dependent claim. The required fee of \$300(150) has been previously paid \square , or is paid herewith \square .
	This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed.
\boxtimes	A check in the amount of $\$88.00$ is attached, which covers the cost of \boxtimes additional claims petition for extension of time.
	Charge \$ to Deposit Account No. 50-0320.
\boxtimes	Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative October 8, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP Attorneys for Applicants

By:

Reg. No. 34,930